First Third And Second Third Land Ban Wastes

Demo tration of ractically Av lable

Technology which yields the Greatest

Environmental Benefit. For use with

land ban wastes where no treatment

1993

standard has been set by EPA - (soft hammer wastes) SHIPMENT TO: PSC Environmental Management, Inc. 6125 1/2 N Barrier Mr. VALDAS V. ADAMKUS Regional Administrator

EPA Region 

CHICAGO, TL 60604

RECEIVED

WMD RCRA

RECORD CENTER

RECORD CENTER

6125 1/2 N. Pecatonica RD, P
Pecatonica, IL 61063

EPA# ILD980502744

PSC Profile # 3953 6125 1/2 N. Pecatonica RD, P.O. 697 2-27-93 Comp Dear Mr. ADAMKUS This notification is a demonstration and certification that I have selected reclamation and recycling as the practically available technology which yields the greatest environmental benefit. Identification information I. Generator Name: COOK COUNTY HOSPITHL

Address: 1853 WHAMMISON Completed By: MIKE WICK

CHICAGO, IL 60612 Title: AGENT FOR PCS

EPA ID#: FUD 021295738 Date: 4-17-90 This shipment as referenced by the Manifest No. contains waste(a) which correspond to the following USEPA Hazardous Waste Number(s): 1/15/ Additional Waste Numbers may be listed on the Manifest. II. In order to determine that reclamation and recycling as the practically available technology which yields the greatest environmental benefit, I contacted the facilities and officials listed below: Official ANDY SULEPHEN 2. Official
Title APPROVALS Title
Company FSC ENVIRONMENTAL MGT Company
Address 6135/c N PECATONICA FECATONICA IL 61063
Telephone No. 815-239-1859
Date of Contact 7-27-89
Date of Contact

3. Official 1. Title\_\_\_\_ Company\_\_\_\_ Address Telephone No.\_\_\_\_\_ Date of Contact Note: Part II need only be completed with the first shipment of wastes regulated by the land ban rules. III. I certify under penalty of law that the requirements of 40 CFR Part 268.8 (a) (1) have been met and that I have contracted to treated my waste by the practically available technology which yields the greatest environmental benefit, as indicated in my demonstration. I believe that the information submitted is true, accurate and complete. I am aware that there are significant penalties for submitting false information, Land Ban Certification possibility of fine and imprisonment. 1990 Name MINEWILK Signature The WM Date 3-2-93

AGGNT FOR COOK COUNTY HOSP

1992

First T rd And Second Third Land n Wastes

Demonstration of Practically Available

Technology which yields the Greatest

Environmental Benefit. For use with

land ban wastes where no treatment

standard has been set by EPA - (soft hammer wastes)

| Mr. VALDAS V. ADAMKUS Regional Administrator EPA Region V 230 S. DEARBORN CMICAGO, FL 60604                            | SHIPMENT T                | 612<br>Pec    | Environmental Management, Inc. 5 1/2 N. Pecatonica RD, P.O. 697 atonica, IL 61063. # ILD980502744 Profile # 3953 |
|--|---------------------------|---------------|--|
| Dear Mr. ADAMKUS   |                           |               |  |
| This notification is a demons<br>that there is no practically<br>disposal as the practically<br>environmental benefit. | available t               | treatmer      |  |
| I. Identification informati  | on                        |               |  |
| Generator Name: COOK COUNTY  |                           |               | Manifest #:  |
| Address: 1835 W. HAR   | RISON                     |               | _ Completed By: MIKE WILK  |
| EPA ID#:   | 5738                      |               | Title: AGENT FOR PES Date: 417-9   |
| TIA 1011.  | 1 138                     |               | Dace.  |
| This shipment as referenced be correspond to the following to  |                           |               |  |
|  |                           |               |  |
| Additional Waste Work  | La listad .               | +b- N         | lani Fark  |
| Additional Waste Numbers may   | be listed o               | on the i      | Manifest.  |
| <pre>greatest environmental benef: below:</pre>  | practically it, I contact | y availa      | is the only alternative to able technology which yields the e facilities and officials listed                    |
| 1. Official ANDY SULEPHE   | N                         | 2. 0:         | fficial  |
| Title HPROVALS   |                           | T             | itle   |
| COMPANY PSC ENVIRON MENTA  |                           | _ C           | ompany   |
| Address 613512 N. PELHON CA PEL  |                           | <u>じ</u> う A・ | ddress   |
| Telephone No. 8/5-239-/8   | 39                        |               | elephone No  |
| Date of Contact $7-27-3$ .   | 055: -: -1                |               | ate of Contact   |
| 3.   |                           |               |  |
|  | Company                   |               |  |
|  | Address                   |               |  |
|  | Telephone                 | No.           |  |
|  | Date of C                 | ontact_       |  |
| Note: Part II need only be regulated by the land   |                           |               | first shipment of wastes   |

III. I certify under penalty of law that the requirements of 40 CFR 268.8(a) (1) have been met and that disposal in a land fill or surface impoundment is the only practical alternative to treatment currently available. I believe that the information submitted is true, accurate, and complete. I am aware

that there are significant penalties for submitting false information,

Name MIKE WILK Signature Muke Will

including the possibility of fine and imprisonment.

Date 3-2-9°

First Third And Second Third Land Ban Wastes

Demon ration of Fractically Ava able

Technology which yields the Greatest

Environmental Benefit. For use with

land ban wastes where no treatment

standard has been set by EPA - (soft hammer wastes)

|  |   | PSC Environmental Management, Inc. 6125 1/2 N. Pecatonica RD, P.O. 697 Pecatonica, IL 61063 EPA# ILD980502744 PSC Profile # 3953 |
|--|---|--|
| Dear Mr. ADAMKUS   |   |  |
| This notification is a demon<br>neutralization and chem:<br>technology which yields the  | ical stabiliza  | rtification that I have selected tion as the practically available nmental benefit.  |
| I. Identification informa  | tion  | 340  |
| Address: 1835 W. H   | 2 60612   | Manifest #: IL 33 54 CD Completed By: MIKE WICK Title: AGENT FOR PES   |
| EPA ID#:   | 3738  | Date: 4-17-90  |
| This shipment as referenced correspond to the following  | by the Manifest<br>USEPA Hazardous  | No. contains waste(a) which Waste Number(s): POS7  |
|  |   |  |
| practically available techn benefit, I contacted the fa  1. Official ANDY SULEPTEN  Title APPROVALS  Company PSC ENVIRONMEN  Address 6125½ N. PECATON C.  Telephone No. 915-236  Date of Contact 7-27-86 | that neutralizate ology which yield cilities and off off off off off off off off off of | cion and waste water treatment as the dds the greatest environmental cicials listed below:  2. Official                          |
|  | Company   |  |
|  | AddressNo   |  |
|  | Date of Cont  | act  |
| Note: Part II need only be regulated by the lar  | e completed with  | the first shipment of wastes   |

Name MINE WILK Signature Ship Will Date 3-2-90

significant penalties for submitting false information, including the

possibility of fine and imprisonment.

First Third And Second Third Land Ban Wastes Demonstration of Practically ailable Te .nology which yields the Greatest Environmental Benefit. For use with land ban wastes where no treatment standard has been set by EPA - (soft hammer wastes)

1990

|                       |   |  | AND CONTROL OF THE PROPERTY OF |
|-----------------------|---|--|--|
| Region 230 CHIL       | JALDAS V. ADAMKUS  Donal Administrator  Region V  S. DEARBORN  AGO, IL GOGOH  Mr. ADAMKUS | SHIPMENT TO:   | PSC Environmental Management, Inc. 6125 1/2 N. Pecatonica RD, P.O. 69 Pecatonica, IL 61063 EPA# ILD980502744 PSC Profile # 3953  |
|                       |   |  |  |
|                       | notification is a demons<br>temperature incinerals<br>the greatest environment            | arion as the h                                       | rtification that I have selected ractically available technology which   |
|                       | Identification informat:  |  | 4  |
|                       |   |  | Manifest #: TL 33549255  Completed By: mike wilk  Title: AGENT FORE PCS  Date: 4-17-90   |
| This                  | shipment as referenced b  | ov the Manifest                                      | No. contains waste(a) which Waste Number(s): 11012, U/88   |
| Addit                 | ional Waste Numbers may   | be listed on t                                       | he Manifort  |
| II.<br>avail<br>conta | In order to determine the able technology which yis cted the facilities and               | nat high temper<br>ields the great<br>officials list | ature incineration is the practicall est environmental benefit, I ed below:  |
| 1.                    | Title APPROVALS   | 2  | . Official   |
|                       | Company (SC City of the last  | =  | Title  |
|                       | Address 6135V 1) Occupant   | ac your  |  |
|                       | Telephone No. 815-239-181   | PECATIONICA, IL 6/06.                                | 3 Address  |
|                       | Date of Contact 7-27  | - 69   | Telephone No.  |
|                       | 3.  | Official   | Date of Contact  |
|                       | 3.  | UIIICIAI   |  |
|                       |   | Company  |  |
|                       |   | Company  |  |
|                       |   | Molerhana No   |  |
|                       |   | Date of Conta  | ct   |
| Note:                 | Part II need only be or regulated by the land   | completed with                                       | the first shipment of wastes   |
| III.                  | I certify under penalty (a) (1) have been met ar  | of law that the                                      | e requirements of 40 CFR part 268.8 contracted to treat my waste by the  |

Name MISE WILK Signature The Will Date 3-2-90

possibility of fine and imprisonment.

practically available technology which yields the greatest environmental benefit, as indicated in my demonstration. I believe that the information

submitted is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the

Please go to the reverse of this form and provide the requested information.

|        | <b>EPA</b>                          | NOTIFICATION OF HAZARDOUS WASTE ACTIVITY INSTRUCTIONS: If you received a preprinted  |    |
|--------|-------------------------------------|--|----|
|        | INSTALLA-<br>TION'S EPA<br>I.D. NO. | NOT ON P.O. label, affix it in the space at left. If any of the information on the label is incorrect, draw a line through it and supply the correct information in the a  |    |
|        | I. STALLATION                       | complet  |    |
|        | INSTALLA-                           | PLEASE PLACE EABEL IN THIS SPACE  SEP 1 81984  1 5 OCT. 1884  WIND P 811   |    |
|        | II. MAILING<br>ADDRESS              | PLEASE PLACE EABEL IN THIS SPACE treated potential to the  |    |
|        |                                     | SEP 1 81981 to the CATIC already   |    |
|        | LOCATION                            | 15 OCT, 1084, Service Winform (Section (Section 1984)  | 1  |
|        | LATION                              | L 5 OCT, 1084, SWMD-RAIU (Section Recov.)  |    |
| MHI    | FOR OFFICIAL                        |  |    |
| DETACH | c                                   | COMMENTS   | ٦  |
| AD     | C 15 16                             | JON'S ERALD NUMBER APPROVED DATE RECEIVED  |    |
|        | INSTALLATI                          | 100'S EPA I.D. NUMBER APPROVED (yr., mo., & day)   | 1  |
|        |                                     | 13 14 15 16 17 - 22  |    |
|        | I. NAME OF INS                      | TALLATION TO THE PROPERTY OF T | 4  |
|        |                                     | 1010101141 HOSP11145 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1   |    |
|        | II. INSTALLATI                      | ON MAILING ADDRESS STREET OR P.O. BOX  |    |
|        | 31835                               | W HARRISON IIIIII  |    |
|        | 15 16                               | 45 A5  | ١  |
|        | 10416A                              | GO TUVOR TOWN ST. ZIP CODE   |    |
|        | 15 16                               | - 40 45 42 47 - 51   |    |
|        | III. LOCATION                       | OF INSTALLATION  STREET OR ROUTE NUMBER  |    |
|        | 51835                               | WHARRISON  | I  |
|        | 15 16                               | CITY OR TOWN ST. ZIP CODE COOK   | ١  |
|        | 6 CHICA                             | CITY OF TOWN ST. ZIP CODE COOK   | ١  |
|        | IV. INSTALLAT                       | 40 41 42 47 - 51   |    |
|        |                                     | NAME AND TITLE (last, first, & job title)  PHONE NO. (area code & no.)   | ٦  |
|        | 2 CAMPIL                            | IIN JEFF SAFETY COORD, 3/26336000  |    |
|        | V. OWNERSHIP                        | 45 46 - 48 49 - 51 52 - 55   |    |
| A H    | - double                            | A. NAME OF INSTALLATION'S LEGAL OWNER  |    |
| DETACH | 8 COUNT                             | TY OF COOK THUNOIS   |    |
| A DE   | (enter the appropri                 | OWNERSHIP interesting box) VI. TYPE OF HAZARDOUS WASTE ACTIVITY (enter "X" in the appropriate box(es))   |    |
|        | F = FEDERA<br>M = NON-FE            |  |    |
|        | VII. MODE OF T                      | TRANSPORTATION (transporters only – enter "X" in the appropriate box(es))  | S. |
|        | A. AIR                              | B. RAIL C. HIGHWAY D. WATER E, OTHER (specify):  |    |
|        |                                     | SUBSEQUENT NOTIFICATION  propriate box to indicate whether this is your installation's first notification of hazardous waste activity or a subsequent notification   |    |
|        |                                     | irst notification, enter your Installation's EPA I.D. Number in the space provided below.  |    |
|        |                                     | C. INSTALLATION'S EPAI.D. NO.  | 1  |
|        | A. FIRST                            | NOTIFICATION B. SUBSEQUENT NOTIFICATION (complete item C)  |    |
|        | IX DESCRIPTION                      | ON OF HAZARDOUS WASTES   | 12 |

| A. NAZARDOUS WASTES FROM NON-SPECIFIC SOURCES. Enter the four-digit number from 40 CFR Part 261.31 for each listed hazardous wester from non-appedite sources your installation handles. Use additional sheets if necessary.    1  |   |                                    |  |  | _   | $\overline{\mathbf{w}}$        | 1 1 13                     |
|--|---|------------------------------------|--|--|---|--------------------------------|----------------------------|
| weste from non-specific sources your installation handles. Use additional sheets if necessary.    Section   Part   |   |                                    |  |  |   |                                |                            |
| B. HAZARDOUS WASTES FROM SPECIFIC SOURCES. Enter the four-digit number from 40 CFR Part 261.32 for each listed hazardous waste from specific industrial sources your installation handles. Use additional sheets if necessary.  13 14 15 16 17 18 19 20 20 22 23 24 24 25 25 26 27 28 29 29 30 00 00 00 00 00 00 00 00 00 00 00 00   | A. HAZA<br>waste  | RDOUS WASTES<br>from non-specific  | S FROM NON—SPECIFIC So<br>c sources your installation ha | OURCES. Enter the andles. Use addition   | four—digit number from all sheets if necessary.       | 40 CFR Part 261.31 for 6       | each listed hazardous      |
| 3. HAZARDOUS WASTES FROM SPECIFIC SOURCES. Enter the four-digit number from 40 CFR Part 261.32 for each listed hazardous waste from specific industrial sources your installation handles. Use additional sheets if necessary.  13   |   | F003                               |  |  |   |                                |                            |
| B. HAZARDOUS WASTES FROM SPECIFIC SOURCES. Enter the four-dight number from 40 CFR Part 261.32 for each listed hazardous waste from specific industrial sources your installation handles. Use additional sheets if necessary.  13  14  15  16  17  18  18  23  23  24  22  24  23  25  25  26  27  28  29  30  30  C. COMMERCIAL CHEMICAL PRODUCT HAZARDOUS WASTES. Enter the four-dight number from 40 CFR Part 261.33 for each chemical substance your installation handles which may be a hazardous waste. Use additional sheets if necessary.  D. LISTED INFECTIOUS WASTES. Enter the four-dight number from 40 CFR Part 261.34 for each listed hazardous waste from hospitals, weterinary hospitals, medical and research laboratories your installation handles. Use additional sheets if necessary.  Standard of the four-dight number from 40 CFR Part 261.34 for each listed hazardous waste from hospitals, weterinary hospitals, medical and research laboratories your installation handles. Use additional sheets if necessary.  Standard of the four-dight number from 40 CFR Part 261.34 for each listed hazardous waste from hospitals, veterinary hospitals, medical and research laboratories your installation handles. Use additional sheets if necessary.  Standard of the four-dight number from 40 CFR Part 261.24 for each listed hazardous waste from hospitals, veterinary hospitals, medical and research laboratories your installation handles. Use additional sheets if necessary.  Standard of the four-dight number from 40 CFR Part 261.27 for each listed hazardous waste from hospitals, veterinary hospitals, medical and research laboratories your installation handles. Use additional sheets if necessary.  Standard of the four-dight number from 40 CFR Part 261.27 for each listed hazardous waste from hospitals, veterinary hospitals, medical and research laboratories your installation handles. Use additional sheets if necessary.  Standard of the four-dight number from 40 CFR Part 261.27 for each listed hazardous waste from hospitals, veterinary hospitals, weterin |   | 7                                  |  |  |   |                                |                            |
| 13 14 15 16 17 18 18 19 22 18 22 23 24 22 24 24 24 25 25 25 25 25 25 25 25 25 25 25 25 25  | B. HAZA   | RDOUS WASTES                       | FROM SPECIFIC SOURCE                                     | 23 - 26  S. Enter the four—output sheet  | digit number from 40 CF s if necessary.               | R Part 261.32 for each list    | ted hazardous waste from   |
| 22 23 24 24 24 25 25 25 26 27 28 29 30 30 30 32 25 25 26 27 28 29 30 30 30 32 32 32 32 32 32 32 32 32 32 32 32 32  | specifi   |                                    |  |  |   | 17                             | 18                         |
| C. COMMERCIAL CHEMICAL PRODUCT HAZARDOUS WASTES. Enter the four—digit number from 40 CFR Part 261.33 for each chemical substance your installation handles which may be a hazardous waste. Use additional sheets if necessary.  31  32  33  34  43  44  45  37  38  39  40  41  42  43  43  44  45  45  45  45  45  45  46  47  48  48  49  50  51  52  52  53  54  54  55  54  55  54  55  54  55  56  57  58  58  58  58  58  58  58  58  58   |   |                                    |  |  |   | 23 - 26                        | 23 - 26                    |
| C. COMMERCIAL CHEMICAL PRODUCT HAZARDOUS WASTES. Enter the four—digit number from 40 CFR Part 261.33 for each chemical substance your installation handles which may be a hazardous waste. Use additional sheets if necessary.  31  32  33  34  35  37  38  39  40  41  42  37  38  39  40  41  42  45  46  47  48  48  49  D. LISTED INFECTIOUS WASTES. Enter the four—digit number from 40 CFR Part 261.34 for each listed hazardous waste from hospitals, veterinary hospitals, medical and research laboratories your installation handles. Use additional sheets if necessary.  E. CHARACTERISTICS OF NON—LISTED HAZARDOUS WASTES. Mark "X" in the boxes corresponding to the characteristics of non—listed hazardous wastes your installation handles. (See 40 CFR Parts 261.21 – 261.24.)  [10061]  [20]  [21]  [22]  [23]  [24]  [25]  [25]  [26]  [27]  [28]  [29]  [29]  [20]  [ |   |                                    |  |  |   |                                |                            |
| C. COMMERCIAL CHEMICAL PRODUCT HAZARDOUS WASTES. Enter the four—digit number from 40 CFR Part 261.33 for each chemical substance your installation handles which may be a hazardous waste. Use additional sheets if necessary.  31   |   |                                    | <del></del>  |  |   |                                |                            |
| stance your installation handles which may be a hazardous waste. Use additional sheets if necessary.  31 32 33 24 35 36 36 36 37 38 39 40 41 41 42 42 35 38 39 40 41 41 42 42 45 46 47 48 48 42 45 46 47 48 48 49 49 49 49 49 49 49 49 49 49 49 49 49  |   | 23 • 26                            | 23 26  | 23 • 26                                  | ., <u>1** . ** L</u>                                  | 23 - 26                        | 23 - 26                    |
| D. LISTED INFECTIOUS WASTES. Enter the four-digit number from 40 CFR Part 261.34 for each listed hazardous waste from hospitals, weterinary hospitals, medical and research laboratories your installation handles. Use additional sheets if necessary.  E. CHARACTERISTICS OF NON-LISTED HAZARDOUS WASTES. Mark "X" in the boxes corresponding to the characteristics of non-listed hazardous wastes your installation handles. (See 40 CFR Parts 261.24.)  22. CORROSIVE 33. REACTIVE 1. IGNITABLE (D003) (D002) (D003) (D000)  X. CERTIFICATION  I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information is true, accurate, and complete. I am aware that there are significant penalties for sub-  | C. COMN<br>stance   | MERCIAL CHEMI<br>your installation | CAL PRODUCT HAZARDO<br>handles which may be a haz        | OUS WASTES, Ente<br>ardous waste. Use at | r the four—digit number finditional sheets if necessa | from 40 CFR Part 261.33<br>ry. | for each chemical sub-     |
| D. LISTED INFECTIOUS WASTES. Enter the four—digit number from 40 CFR Part 261.34 for each listed hazardous waste from hospitals, veterinary hospitals, medical and research laboratories your installation handles. Use additional sheets if necessary.  49  50  51  52  53  54  49  50  51  52  53  54  E. CHARACTERISTICS OF NON—LISTED HAZARDOUS WASTES. Mark "X" in the boxes corresponding to the characteristics of non—listed hazardous wastes your installation handles. (See 40 CFR Parts 261.24.)  1. IGNITABLE (D002)  X. CERTIFICATION  I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for sub-  |   |                                    |  |  |   |                                |                            |
| D. LISTED INFECTIOUS WASTES. Enter the four—digit number from 40 CFR Part 261.34 for each listed hazardous waste from hospitals, veterinary hospitals, medical and research laboratories your installation handles. Use additional sheets if necessary.  49  50  51  52  53  54  49  E. CHARACTERISTICS OF NON—LISTED HAZARDOUS WASTES. Mark "X" in the boxes corresponding to the characteristics of non—listed hazardous wastes your installation handles. (See 40 CFR Parts 261.21 – 261.24.)  X. CERTIFICATION  I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for sub-  |   |                                    |  |  |   |                                |                            |
| D. LISTED INFECTIOUS WASTES. Enter the four—digit number from 40 CFR Part 261.34 for each listed hazardous waste from hospitals, veterinary hospitals, medical and research laboratories your installation handles. Use additional sheets if necessary.  49  50  51  52  53  54  E. CHARACTERISTICS OF NON—LISTED HAZARDOUS WASTES. Mark "X" in the boxes corresponding to the characteristics of non—listed hazardous wastes your installation handles. (See 40 CFR Parts 261.21 — 261.24.)  21. IGNITABLE  (D001)  12. CORROSIVE  (D002)  33. REACTIVE  (D003)  44. TOXIC  (D000)  14. TOXIC  (D000)  15. TOXIC  (D001)  16. TOXIC  (D002)  17. TOXIC  (D002)  18. TOXIC  (D001)  19. TOXIC  (D002)  19. TOXIC  (D002)  19. TOXIC  (D003)  10. TOXIC  (D003)  10. TOXIC  (D003)  10. TOXIC  (D004)  11. TOXIC  (D005)  12. TOXIC  (D005)  13. REACTIVE  (D005)  14. TOXIC  (D006)  15. TOXIC  (D007)  16. TOXIC  (D007)  17. TOXIC  (D008)  18. TOXIC  (D009)  19. TOXIC  (D009)   |   |                                    |  |  |   |                                | 48                         |
| hospitals, medical and research laboratories your installation handles. Use additional sheets if necessary.  49  50  51  52  53  54  23  54  23  54  23  54  23  54  23  54  55  54  55  54  55  65  65  65  65  | DUST  |                                    | WASTES Enter the four-                                   | ligit number from 40                     |   |                                | from hospitals, veterinary |
| E. CHARACTERISTICS OF NON-LISTED HAZARDOUS WASTES. Mark "X" in the boxes corresponding to the characteristics of non-listed hazardous wastes your installation handles. (See 40 CFR Parts 261.21 - 261.24.)    Correction of the characteristics of non-listed hazardous wastes your installation handles. (See 40 CFR Parts 261.21 - 261.24.)    Correction of the characteristics of non-listed hazardous wastes your installation handles. (See 40 CFR Parts 261.21 - 261.24.)    Correction of the characteristics of non-listed hazardous wastes your installation handles. (See 40 CFR Parts 261.21 - 261.24.)    Correction of the characteristics of non-listed hazardous wastes your installation handles. (See 40 CFR Parts 261.21 - 261.24.)    Correction of the characteristics of non-listed hazardous wastes your installation handles. (See 40 CFR Parts 261.21 - 261.24.)    Correction of the characteristics of non-listed hazardous wastes your installation handles. (See 40 CFR Parts 261.21 - 261.24.)    Correction of the characteristics of non-listed hazardous wastes your installation handles. (See 40 CFR Parts 261.21 - 261.24.)    Correction of the characteristics of non-listed hazardous wastes your installation handles. (See 40 CFR Parts 261.21 - 261.24.)    Correction of the characteristics of non-listed hazardous wastes your installation handles. (See 40 CFR Parts 261.21 - 261.24.)    Correction of the characteristics of non-listed hazardous wastes your installation handles. (See 40 CFR Parts 261.21 - 261.24.)    Correction of the characteristics of non-listed hazardous wastes your installation handles. (See 40 CFR Parts 261.21 - 261.24.)    Correction of the characteristics of non-listed hazardous wastes your installation handles. (See 40 CFR Parts 261.21 - 261.24.)    Correction of the characteristics of non-listed hazardous wastes your installation handles. (See 40 CFR Parts 261.21 - 261.24.)    Correction of the characteristics of non-listed hazardous wastes your installation handles. (See 40 CFR Parts 261.21 - 261.24.)    Corre | hospit  | als, medical and r                 | esearch laboratories your ins                            | stallation handles. U                    | se additional sheets if neo                           | essary.                        | <u> </u>                   |
| E. CHARACTERISTICS OF NON—LISTED HAZARDOUS WASTES. Mark "X" in the boxes corresponding to the characteristics of non—listed hazardous wastes your installation handles. (See 40 CFR Parts 261.21 — 261.24.)  21. IGNITABLE (D001) (D002) (D002)  X. CERTIFICATION  I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for sub-   |   | 49                                 |  |  | 52  | 23 - 26                        | 54                         |
| X. CERTIFICATION  I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for sub-  | E. CHAP   | ACTERISTICS Courses were           | OF NON-LISTED HAZARD<br>installation handles. (See 40    | OUS WASTES. Mar<br>CFR Parts 261.21 -    | k "X" in the boxes corre<br>- 261.24.)                | sponding to the character      | istics of non-listed       |
| I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for sub-  | es.<br>Hemalian   | (D001)                             | ABLE DOO   | 2. CORROSIVE<br>2)                       | (D003)  | TIVE                           | <b>Д</b> 4. тохіс<br>0000) |
| attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for sub-  | X. CER  | TIFICATION                         |  |  |   |                                |                            |
|  | attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for sub- |                                    |  |  |   |                                |                            |
| Alffly C Cample SAFETY COORINATOR OF HAZARDOUS 9/18/84   | SIGNAT  | lle (                              | Canal:   | JEFF                                     | ery c c   | AMPLIN                         | 1 1 1 1                    |
| EPA Politi 8700-12 (6-80) REVERSE WASTE  | EPA For   | m 8700-12 (6-80)                   | REVERSE  | PATELL                                   | CON-HANTON  |                                |                            |

1.D. - FOR OFFICIAL USE ONLY

IX. DESCRIPTION OF HAZARDOUS WASTES

Please go to the reverse of this form and provide the requested information.

|   | •  |   | •   | I.D. – FOR OF                               | FICIAL USE ONLY                                 |  |  |  |
|---|--|---|---|---|---|--|--|--|
|   |  |   |   | w   |   |  |  |  |
| IX. DESCRIPTION OF HAZ  | ARDOUS WASTE                                   | S (continued from fi                            | ront)   | 1 2   |   |  |  |  |
| IX. DESCRIPTION OF HAZARDOUS WASTES (continued from front)  A. HAZARDOUS WASTES FROM NON-SPECIFIC SOURCES. Enter the four-digit number from 40 CFR Part 261,31 for each listed hazardous waste from non-specific sources your installation handles. Use additional sheets if necessary. |  |   |   |   |   |  |  |  |
| FOOR  | 2  | 3   |   | 5   | 6   |  |  |  |
| 23 - 26   | 23 - 26  | 23 - 26   | 23 - 26   | 23 - 26                                     | 12  |  |  |  |
|   |  |   | 23 • 26   | 23 7 26                                     | 23 - 26   |  |  |  |
| B. HAZARDOUS WASTES FRO<br>specific industrial sources you  | )M SPECIFIC SOUR(<br>ir installation handles   | CES. Enter the four—di<br>Use additional sheets | git number from 40 CFI                              |   |   |  |  |  |
| 13  | 14   | 15  | 16  | 17  | 18  |  |  |  |
| 21 - 26   | 23 - 26  | 23 - 25   | 23 - 26   | 23 - 26                                     | 23 - 25   |  |  |  |
| 19  | 20   | 21  | 22  | 23  | 24  |  |  |  |
| 23 - 26   | 23 - 26  | 23 - 26<br>27                                   | 23 - 26   | 23 - 26                                     | 23 - 26   |  |  |  |
|   |  | 23 . 26   | 23 - 26   | 23 - 26                                     | 23 - 26   |  |  |  |
| C. COMMERCIAL CHEMICAL stance your installation hand  | PRODUCT HAZARI                                 | OOUS WASTES. Enter                              | the four-digit number                               | from 40 CFR Part 261.3<br>ry.               | 3 for each chemical sub-                        |  |  |  |
| 31  | 32   | 33  | 34  | 35  | 36  |  |  |  |
| 23 - 25   | 23 - 26  | 23 - 26   | 23 - 26   | 23 - 26                                     | 23 - 25   |  |  |  |
| 37  | 36   | 39  | 40  | 41  | 42  |  |  |  |
| 23 - 26   | 23 - 26  | 23 - 26   | 23 - 26   | 23 · 26                                     | 23 - 26<br>48                                   |  |  |  |
| 23 24   | 23 - 25  | 23 - 25   | 23 - 26   | 23 - 26                                     | 23 - 26   |  |  |  |
| D. LISTED INFECTIOUS WAS hospitals, medical and research  | TES. Enter the four-<br>ch laboratories your i | -digit number from 40 installation handles. Use | CFR Part 261.34 for eac<br>additional sheets if nec | ch listed hazardous wast<br>essary.         | e from hospitals, veterinary                    |  |  |  |
| 49  | 50   | 31  | 52  | 53  | 54  |  |  |  |
| 23 - 26   | 23 - 25  | 23 - 26   | 23 - 26   | 23 - 26                                     | 23 - 26   |  |  |  |
| E. CHARACTERISTICS OF NON-LISTED HAZARDOUS WASTES. Mark "X" in the boxes corresponding to the characteristics of non-listed hazardous wastes your installation handles. (See 40 CFR Parts 261.21 - 261.24.)   |  |   |   |   |   |  |  |  |
| (DOOT)  | ) (pt  | 2. CORROSIVE                                    | (D003)  | TIVE  | <b>Ж</b> 4. ТОХІС<br>(5000)                     |  |  |  |
| X. CERTIFICATION  | e per esta de des                              | 128 4   |   |   |   |  |  |  |
| I certify under penalty o<br>attached documents, and  | f law that I have that based on my             | personally examined inquiry of those inc        | and am familiar wit<br>lividuals immediately        | h the information su<br>responsible for obt | bmitted in this and all aining the information, |  |  |  |

I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

SIGNATURE

JEFFERY C CAMPLIN

SAFETY COORINATOR OF HAZARDOUS WASTE



## ACKNOWLEDGEMENT OF NOTIFICATION OF HAZARDOUS WASTE ACTIVITY (VERIFICATION)

This is to acknowledge that you have filed a Notification of Hazardous Waste Activity for the installation located at the address shown in the box below to comply with Section 3010 of the Resource Conservation and Recovery Act (RCRA). Your EPA Identification Number for that installation appears in the box below. The EPA Identification Number must be included on all shipping manifests for transporting hazardous wastes; on all Annual Reports that generators of hazardous waste, and owners and operators of hazardous waste treatment, storage and disposal facilities must file with EPA; on all applications for a Federal Hazardous Waste Permit; and other hazardous waste management reports and documents required under Subtitle C of RCRA.

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|--------------------------|--|--|-------|
| EPA I.D. NUMBER          | *ILD021295738  |  |       |
|                          | COOK COUNTY HOSPITAL<br>1835 W HARRISON  |  |       |
|                          | CHICAGO  |  | 60612 |
| INSTALLATION ADDRESS     | 1835 W HARRISON<br>CHICAGO   | ************************************** | 60612 |
| EPA Form 8700-12B (4-80) | 10/04/84   |  |       |

m 10/5/8: